MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00993

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town. (If outside eity or town limits, write RIKAL and give nearest town) How long in above place of death? Nospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give recidence of mother) State
How long in hospital or institution?	(If rural, give LOCATION)
3, (a) FULL NAME	2.(a) If veteran, name war.
George William adams	3. (b) Social Security Number
4. Sex 15. Color or raco 16.(α) Single, married, widowed, or divorced 1. Color or raco 1. Color	MEDICAL CERTIFICATION 45
6.(b) Namo of husband or wife	2D. DATE DF DEATH 21. I CONTIFY that death occurred on the date above stated; that I aftended deceased from 19. 4. 4. 5. 10.
7. Birth date of deceased (mo., day, yr.) Wareh 22, 1871	and that I last saw h alive on 18.5
8. AGE: Years Months Days If less than one day	Jumediate cause of death Jumediate cause of de
9. Birthplace Reboleth, Sourcet, rub. (Tewn, county, and state) 10. Usual occupation. Waterway.	Due to.
11. Industry or business 12. Name 2. adams 13. Birthplace	Diher conditions Musy could HK (Include prognancy within 3 months of death)
15. Birthplace Washand	Major findings of operations
16. Informani Mus. Soldon Puccey Address Poromoke City, mold	Autopsy results
17 Burial (Burial, cremation, er removal, Which?) Bale thereof, Jan. 30, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Gemetery or crematory Salew M. E	Where did injury occur?
18. Funeral director mangarette #. Walton	Means of injury Injured at work?
19. Address Poconska Cily, Nod. 19. (Dnyo rec'd by registrar) Registrar	23. SIGNATURE

RECLIVED

FEB 6 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00994

1. PLACE OF DEATH: Worcester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	State Maryland County Worcester		
City or town Pocomoke C1 ty (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 43 years	City or towa Poc omoke C1ty (If ontside city or town limits, write RURAL and give nearest town)		
Nospital, institution, or street address where death occurred:	Street No. 217 Walnut Street		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Rebecca Elizabeth As	Shburn		
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20, DATE DF DEATH 25 1995 at 8.354 M		
B.(b) Name of husband or wife. Quince Ashburn	21. I CERTIFY that death occurred on the date above stated; that, I attended deceased from		
	12 1945 10 - 25 1945		
7. Birth date of 2. A. C. 11 alive, give age 7. 1	and that I last saw harmalive on 18.55		
deceased (mo., day, yr.) April 14, 1880	Immediate cause of death DURATION		
8. AGE: Years Mooths Days If less than one day	acuta Reglerding y days		
64 9 14min.			
B. Birthplace. Asbury Park-Monmouth-New Jerse (Town, county, and state)  10. Usual occupation. House wife			
11. Industry or business	Due to.		
≝  12 Name William H. Downing	12 de la companya del companya del companya de la c		
13. Birthplace Philadelphia, Penna.	Dther conditions		
	(Include pregnancy within 8 months of death)		
14. Malden came. Ada Kiem  15. Birthplace Philadelphia, Penna.	Major fiadings of operations.		
71 15. Birmpiace IIIII addition.			
18. Informant. Quince Ashburn	Autopsy results.		
Address 217 Walnut St., Pocomoke, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial Date thereol Jan. 30, 1945 (Burial, cremation, or removal. Which?)	22. VIOLENCE: 11 death was due to external causes, 1111 in the 10llowing;  Accident, suicide, or homicide		
Cemetery or crematory Presbyterian Cemetery	Where did injury occur? (City or town) (Connty) (State)		
Location Pocomoke City, Maryland.	Injured at home, 1arm, industry, public place (where?)		
18. Funeral director H. Harvey Bradshaw	Means of Injury Injured at work?		
Address Pocomoke City, Maryland,	25 67-1-		
18. Jan. 30, 18 45 Anne & Phite	23. SIGNATURE M. D. or other		

BITTALLY AND THOM TAKEN OF THAT CHARLES

FER 6 1945
BUREAU V.S.

## PLEASE WRITE PLAINLY, WINH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00995

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  Consists.  CONSISTENCE (HOME) OF DECASED:  (Consists or through the content of mother)  State.  Consists or through the content of mothers or through the content of the content of mothers of the content of the c											
Site Managery Land Gounty Maryland States of S	County Vorcester					2. USUAL RESIDENCE (HOME	E) OF DECEASED:				
Now long in about piece of death 3.						1)					
Now lang in above piece of deaths.   Street	City or town			URAL and give nearest town)	State County Orcester						
Street No.   Str	How long in above pla	ace of de	eath? 31 y	rears	give dealers town,	City or town	OCK GOD				
Row long in hospital or inciticulien?   2.(a) If veteran, name war   3.(b) Social Security Number	Hospital, Institution,	or street	at address where	death occurre	l:	BFD # 2	(11 outside city or town limits, write RUKAL and give nearest town)				
3. (a) FULL NAME  Edward J. Bonneville  8. Soler or race  8. Colored  Tidowed  19. Lidowed  Tidowed  Trow, county, and state)  Tidowed  Tidowed  Tidowed  Tidowed  Tidowed  Tidowed  Tidowed  Trow, county, and state)  Tidowed  Tidowe			*****************		***************************************						
### Address Stockton, Md. RFD # 2    S. Color or race   S. Color or ra	How long in hospital or institution?				***************************************						
8. Dolor or race Reale Colored Widowed  8. (a) Single, married, widowed, or diverced Widowed, or diverced Widowed  8. (b) Name of husband or wife. Blizabeth Ranuel Bonnevi  13. Birth date of Secondary, r.)  8. AGE: Veers Months  8. AGE: Veers Months  8. Days Hiess than one day  12. Name. Jacob Bonneville  13. Birthplace Torcester County, Maryland  14. Madeen name. Betsy Taylor  15. Birthplace Worcester County, Maryland  16. Informant John He Bonneville  16. Informant John He Bonneville  17. Burfal, cremation, or removal. Which?)  18. Date thereof Lana 3, 1945.  19. Complete or race Menths against the following:  19. Complete or race of death.  19. Location Male RPD # 2  19. Fineral director. Irving Bennett  19. Usual occupation.  19. Location Male RPD # 2  19. Fineral director. Irving Bennett  19. Usual occupation or with the following: Injured at home, farm, industry, public placy (Whose?)  19. Fineral director. Irving Bennett  19. Jana 3, 1945.  19. Jana 4, 1945.  2	3. (a) FULL NA	ME					3. (b) Social Securit	y Number			
Male Colored Vidowed  6.(b) Name of husband or wife. Elizabeth Manuel Bonnevi  7. Birth date of decased (mo., day, yr.) December 16, 1857  8. AGE: Years Months Days If less than one day (Town, county, and state)  10. Birthplace Orcester County—Maryland (Town, county, and state)  11. Industry or business Truck farming  12. Name. Jacob Bonneyille  13. Birthplace Worcester County, Maryland  14. Maiden name. Betsy Taylor  15. Birthplace Worcester County, Maryland  16. Informant John H.e. Bonneyille  16. Informant John H.e. Bonneyille  17. Burial Date thereof. Jan. 3, 1945. (month) (day) (year)  18. Faneral director. Irving Bennett  19. Date of place on the date above state; that pipended deceased from and that list saw h						_e					
8.(c) Name of husband or wife. Elizabeth Manuel Bonnevi  7. Birth date of	4. Sex	5.	Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL	CERTIFICATION				
1. Birth date of deceased (mo., day, yr.) December 16, 1857  8. AGE: Vears Months Days If less than one day 87 O 15 hrs. min.  9. Birthplace Torcester County-Maryland (Town, county, and state)  11. Industry or business Truck farming 12. Name. Jacob Bonneville 13. Birthplace Torcester County, Maryland (Tachde pregnancy within Amouthn of death)  14. Maiden name. Be tsy Taylor Maior findings of pregnancy within Amouthn of death)  15. Birthplace Worcester County, Maryland (Tachde pregnancy within Amouthn of death)  16. Informant. John H. Bonneville Burial Date thereof. Tana 3, 1945. (month) (day) (year)  17. Burial cremation, or removal. Which?)  18. Funeral director. Irving Bennett  18. Funeral director. Irving Bennett  19. Vears Months Days If less than one day 1.18. Individual death should be charged statistically. Maior findings of peralina.  19. Vears Months Days If less than one day 1.18. Individual death should be charged statistically. Maior findings of peralina.  19. Vears Months Days If less than one day 1.18. Individual death should be charged statistically. Maior findings of peralina.  19. Vears Months Days If less than one day 1.18. Individual death should be charged statistically. Accided, suicide, or homicide. Date of Occurry (City or town) (County) (State) Injured at home, farm, industry, public place (Where?) Injured at home, farm, industry, public place (Where?) Injured at home, farm, industry, public place (Where?)						20. DATE OF DEATH	87. 194	5 at 4 a			
and that I last saw h	B.(5) Name of husba	nd or wi	e Eliza	beth	Manuel Bonnev:						
and that I last saw h					e) If alive, give age	Lee 26th	19.44 to DE	1894			
B. AGE: Years Months Days If less than one day 87 0 15 hrs. min  B. Birthplace Torcester County-Maryland (Town, county, and state)  B. Usual occupation. Farmer  11. Industry or business Truck farming  12. Name. Jacob Bonneyille  13. Birthplace Torgester County, Maryland  14. Maiden name. Betsy Taylor  15. Birthplace Worcester County, Maryland  16. Informant. John H. Bonneyille  Address Stockton, Md. # RFD 2  17. (Burial, cremation, or removal, Whichi)  Cemetery or crematory of A Stockton, Md. RFD # 2  Location. Stockton, Md. RFD # 2  Location. Stockton, Md. RFD # 2  18. Funeral director. Irving Bennett  Means of injury Means of injury Means of injury Injured at work?	. Birth date of							19 5			
Birthplace Torcester County—Maryland (Town, coucty, and state)  10. Usual occupation Farmer  11. Industry or business Truck farming  12. Name. Jacob Bonneville  13. Birthplace Torcester County, Maryland  14. Maiden name Betsy Taylor  15. Birthplace Worcester County, Maryland  16. Informant John H. Bonneville  17. Burial Burial Date thereof. Jana 3, 1945 (Burial, cremation, or removal. Which?)  18. Emeral director. Trving Bennett  19. Europe Truck farming  19. Due to. July July July July July July July July						Immediate canse of death		DURATION			
Birthplace Torcester County-Maryland  (Towa, county, and state)  Due to.  D		377	0	15	hen		,				
D. Usual occupation. Farmer  1. Industry or business Truck farming  12. Name. Jacob Bonneville  13. Birthplace Forcester County, Maryland  14. Maiden name Betsy Taylor  15. Birthplace Worcester County, Maryland  6. Informant John H. Bonneville  Address Stockton, Md. # RFD 2  7. Burial Date thereof. Jan. 3, 1945. (Borfal, cremation, or removal. Which) (day) (year)  Cemetery or crematory Old St. Pauls Cemetery  Location Stockton, Md. RFD # 2  8. Funeral director. Irving Bennett  Due to. Stockton Survivation			7 40-0 00		1	1: /.					
Due to Stockton, Md. RFD # 2    Due to Stockton, Md. Stockton, Md. RFD # 2    Due to Stockton, Md. Stockton, Md. RFD # 2    Due to Stockton, Md. Stockton, Md. RFD # 2    Due to Stockton, Md. Stockton, Md. Stockton, Md. RFD # 2    Due to Stockton, Md. Stockton, Md. Stockton, Md. RFD # 2    Due to Stockton, Md. Stockton, Md. Stockton, Md. RFD # 2    Due to Stockton, Md. Stockton, Md. Stockton, Md. Stockton, Md. RFD # 2    Due to Stockton, Md. Stockton, Md. Stockton, Md. Stockton, Md. RFD # 2    Due to Stockton, Md. Stockton, Md. Stockton, Md. Stockton, Md. RFD # 2    Due to Stockton, Md. Stockton, Md. Stockton, Md. Stockton, Md. RFD # 2    Due to Stockton, Md. Stockton, Md. Stockton, Md. Stockton, Md. RFD # 2    Due to Stockton, Md. Stockton, Md. Stockton, Md. Stockton, Md. Stockton, Md. RFD # 2    Due to Stockton, Md. Stockton, Md. Stockton, Md. Stockton, Md. Stockton, Md. Stockton, Md. RFD # 2    Due to Stockton, Md. Stockton, Md. Stockton, Md. Stockton, Md. Stockton, Md. Stockton, Md. RFD # 2    Due to Stockton, Md. RFD # 2    Due to Stockton, Md. Stockto	Birthplace O.I.	rees	(Town,	county, and s	tate)	Due to.	6500				
12. Name. Jacob Bonneville 13. Birthplace Forcester County, Maryland 14. Maiden name. Betsy Taylor 15. Birthplace Worcester County, Maryland 6. Informant. John H. Bonneville Address Stockton, Md. # RFD 2 7. Burial Date thereof Jana 3, 1945 (month) (day) (year) Cemetery or crematory, or removal. Which?) Cemetery or crematory or crematory or crematory. Stockton, Md. RFD # 2 Location Trying Bennett  Due to. Worcester County Survival County (Include pregnancy within amonth of death)  Autopsy results. Physician: He cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suickle, or homicide. Date of Op.  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (Where?)  Injured at home, farm, industry, public place (Where?)  Injured at work?						Jaco and	as trans	- wordy			
12. Name. Jacob Bonneyille 13. Birthplace Worcester County, Maryland 14. Malden name Betsy Taylor 15. Birthplace Worcester County, Maryland 6. Informant John H. Bonneyille Address Stockton, Md. # RFD 2  7. Burial Date thereof Jana 3 1945 (Burial, cremation, or removal, Which?) (month) (day) (year)  Cemetery or crematory Old St. Pauls Cemetery  Stockton, Md. RFD # 2  12. Name. Jacob Bonneyille  (Include pregnancy Within amonthm of death)  Major findings of negrations  Major findings of negrations  Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide. Date of op.  Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Injured at home, farm, industry, public place (where?)  Injured at home, farm, industry, public place (where?)						Due to					
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14. Maiden name Betsy Taylor  15. Birthplace Worcester County, Maryland  6. Informant John H. Bonneyille  Address Stockton, Md. # RFD 2  7. Burial Bate thereof Isna 3.1945 (month) (day) (year)  Cemetery or crematory Old St. Pauls Cemetery  Stockton, Md. RFD # 2  Location Irving Bennett  16. Informant John H. Bonneyille  Major findings of operations.	12. Name					Other conditions	1/4 45 -1				
Major findings of operations   Major findings of operations						Onclude pregnancy with	in Amonthn of death)	and it			
Address Stockton, Md. # RFD 2  7. Burial Date thereof Jana 3.1945 (month) (day) (year)  Cemetery or crematory Old St. Pauls Come tery  Location Stockton, Md. RFD # 2  B. Funeral director. Irving Bennett  Autopsy results. Physician: Bease underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide. Date of Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (Where?)  Means of injury Injured at work?	14. Malden nam	e RE	tsy Ta	ylor							
Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Bate of  Where did injury occur?  (City or town)  (County)  (County)  (State)  Injured at home, farm, industry, public place (Where?)  Means of injury  Injured at work?	15. Birthplaco	We	orceste	r Cou	nty, Maryland						
Address Stockton, Md. # RFD 2  7. Burial Date thereof Jan 3, 1945 (month) (day) (year)  Cemetery or crematory Old St. Pauls Cemetery  Location Stockton, Md. RFD # 2  8. Funeral director. Irving Bennett  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide. Date of Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (Where?)  Means of injury Injured at work?	6. Informant	Jo	ohn H.	Bonne	ville	// _					
(Burial, cremation, or removal. Which?)  Cemetery or crematory. Cld St. Pauls Cemetery  Location Stockton, Md. RFD # 2  Location Irving Bennett  Bate thereof. JSn. 3. 1945. (month) (day) (year)  (County) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury (Injured at work?)	Address				**						
Cemetery or crematory Cld St. Pauls Cemetery  Location Stockton, Md. RFD # 2  Location Irving Bennett  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (Where?)  Means of injury (Means of injury)  Injured at work?	17	Bı	irial	Date there	Jan. 3 1945		The state of the s				
Location Stockton, Md. RFD # 2 Injured at home, farm, industry, public place (where?)  Means of Injury Injured at work?	(Burial, crematic	on, or re	emoval. Which?)	Date there	(month) (day) (year)						
Location Stockton, Md. RFD # 2 Injured at home, farm, industry, public place (where?)  8. Funeral director Irving Bennett Means of injury Injured at work?	Cemetery or crema	atory	Ld St.	rauls	cemetery	Where did injury occur?(City or tow	wg) (Connty)	(State)			
8. Funeral director. Irving Bennett Means of Injury Injured at work?	Location	31	tockton	, Md.	RFD # 2						
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						117	aston	May			
23. SIGNATURE M. D. or other	0			1	7 0	23. SIGNATURE	and me				
(Upite rec'd by registrar) 1944 May M. Lay G. Registrar Iddaes Porton Lay M. D. or other	O. AM. a. a.	A	1994	. \m	my M. laylo	Paga It	14 Ta. mad				

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FEB 5 1945

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-07

011998 Reg. Diat. No. 355

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Words tur	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give realdence of mother)
County	he is a later of the
(If ontside city or town limits, write RURAL and give neares, town)	State County County
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	
	Street No
How long in hospital or instilution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jerry Duly	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
nul coo fingle	20. DATE OF DEATH Sau 8 18 45 st , M
	21. I CERTIFY that death occurred on the date above stated: that 1 atlanded deceased from
6.(b) Name of husband or wife	19. 10. 19.
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Mukuuwu	The state of the s
8. AGE: Years   Months   Days   Il less than oea day	Immediate cause of death
69  min.	Gobaly mikuen
9. Birthplace Luckuron	Due 14
(Fown, county, and state)	
10. Usual occupation. A aller	
11. Industry or business	Oue to
12. Name Luce	Other conditions
	(Include pregnancy within 3 mouths of death)
14. Maiden name. Curricura	Mater California Securations
14. Malden name. Trukuowa  15. Birthptace	Major findings of operations.
Anill Arms in	Bate of op.
18. Informant	Autopsy results
Address Octom any his	22. V10LENCE: If death was due to extereal causes, fill in the following:
(Buridi, cremation, or removal. Which?)  Date hereol. (month) (day) (year)	
(Burlai, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory SN. Pauls (coloned)	Where did injury occur?
Location Berlin, m.S.	Injured at home, farm, industry, public place (where?)
18. Funeral director Franklin B. Niel-	Means of Injury Injured at work?
RITI	00000
Address Sales bury And.	23. SIGNATURE Stey & Miles Defo. her Exam
1-9- 45 Heles J. Noumand	M. D. or other
(Date ree'd by registrar) Registrar	Address Suow Toll. The Date signed 1/8/45

FEB 3 1945 BUREAU V.S.

17-25-1-17-1

VS A15

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 170-

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Reg. Diat. No.

City or town (If outside city or town limits, write RURAL and give nearest town)  Now tong in above place of dealh?  Nospilal, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother)  Slale
3. (a) FULL NAME Harry Carson.	3.(b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.	2D. DATE DF DEATH
7, Birth date of	and that i last saw halive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Due to. Collision  Due to. Collision
10. Usual occopation Such and a such a su	Due to
11: Industry or business  12. Name	Diher condilions
14. Malden name.	Major fiedings of operations
S   15. Birthplace	
18. Interment Durid / thankenfuld & Dons	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3 (7 7) . 52	22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide. Accident Bate of Workship Where did injury occur? Accident Grant Gr
Location yardley n. J.	Injured at home, tarm, ladustry, public place (where?) Vallie Vegucory
18. Funeral director Drumblum (3.) Lell.	Means of Injury Derrued in a Duchjured at work?
Address Salis buy M.D.  19. 1/27/ 19.45 LE Con Sewith.	23. SIGNATURE Solur L. They Deb new Eva.
(Date rcc'd by registrar) Registrar	Address Dury Tell In Bate signed 1/26/1/3

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HER AUTHORIST PRINCIPLE OF THE PERSON OF THE

RECELL SELVER STREET ST

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### M

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-4

00998

### CERTIFICATE OF DEATH

er. Dist. No. 355

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Epr newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
Calple Cropper	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDIÇAL CERTIFICATION
m W Sugo	20. DATE DE DEATH. afruit Jan 28 19 45 21 12 M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  Jerus 5   1885	and that t last saw halive on
8. AGE: Years   Nopths   Days   11 less than one day	Jamediate cause of death DURATION DURATION
5-9hrsmin.	my dearles dy nurshing
9. Birthplace Bishogivele Worces to Co. md.	Bue 40.
(Town, county, and state)	900-70.
10. Usual occupation Furme	Due to
11, Industry or business	
12. Name Charles W. Croffer	Other conditions
	(Include pregnancy within 3 months of desth)
14. Maiden name Dune C. Lay  15. Birthplace Bishopunlle And	Major findings of operations.
# 15. Birthplace Bishopwalles, And.	Date of op.
16. Informant Mr. Dorace Craffer	Antopsy results.
Address Berlin, and PED.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bate thereof 2/1/45 (month) (day) (year)	22. VIOLENCE: If death was due to externat causes, 11ll in the following:  Accident, suicide, or homicide
Cemetery or crematory Odd Fellows Care	Where did injury occur?
Location Bish shouls, Ind.	(City or town) (County) (State)
1. 10 0 11.11	Means of injury injured at work?
18. Funeral director Thanklin (3. Auct	0122
Address pales buy net	23. SIGNATURE Stee h / Cely Defo. new Eyaen
(Date rec'd by registrar) 19 45 Teleu F. Udyn	M. D. or other
Registrar   Registrar	Address throw I rel her Bate signed 1/39 40

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore %

### CERTIFICATE OF DEATH

00999

Reg. Dist. No. 350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County as server	(For newboru infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County Worcester
110 1 110	
How long in above place of death?	City or town POCOMOKE, M.C RUTEL  (If outside city or town limits, write RURAL and give nearest town)
	Street No.
How long in hospital or institution?	(If rural, give LOCATION)
	2.(g) If veteran, name war
3. (a) FULL NAME use mais	3. (b) Social Security Number
. 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
A C. S.	1 31 115 120
	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I DERTIFY that death occurred on the date above stated; that I attended deceased from
	19 8468 772 19
T. Birth date of	end that I last saw h
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
. 14 5 36	10 Janeson
	Convilsion at could
9. Birthplace (Town, country, and state)	Due to
1D. Usual occupation	***************************************
11. Industry or business	Due to
12. Name Vers Vers Vers Vers Vers Vers Vers Ver	Dither conditions
	(Include pregnaucy within 3 months of death)
14. Malden name. Agreement Johns	(Include pregnaucy within 3 months of death)
15. Birthplace DW restal & MA	Major findings of operations.
=1 15. Birinplacy	Date of op.
16. Informant	Autopsy results. And and foreg
Address Locassora Citis Mrs. Cl X/2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1/1500 151	22. VIOLENCE: If death was due to external causes, fill to the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of any called	Where did injury occur?
(1 a C Dd	
Location Masses Transfer	Injured at home, farm, Industry, public place (where?)
18. Funeral director Cran Organical director	Means of tnjury Injored at work?
Address Conger 1 - An	18 Littory
Ocean a Color that 1988	23. SIGNATURE SICE SILVERS EL RE
19. Jan 27 19 45 anne E White	M. D. or other
(Oute rec'd by registrar)	addition Octor and a land had not almost /2 / 1

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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

()1()()() Reg. Dist. No. 355

CERTI	FICATE	OF	DEATH
	LICALL	OI.	DLAIII

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Disordeler-	(For oewboro infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State naryland county Worces les
How long in above place of death?	(if outside city or towo limits, write RURAL sod give ocarest town)
Hospital, Institution, or street address where death occurred:	(If eutside city er towo limits, write RURAL sod give ocarest town)
	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(d) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Horace Davis.	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white manial	
11000	20. DATE DE DEATH. 28 19-45-11 3/15/4 M
8, (6) Name of husband or wife Jennie (3) went Davis.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 87 years	July 19 38 10 Jan 28 19 45
7 Birth date at	and that last so h Lan alive on Jan 28 1 19 45
deceased (ma., day, yr.) Odotu 18, 1872	Immediate cause of death
8. AGE: Years   Monthe Days   If less than one day	
72 3 10hrsmin.	Stanosa Sys
Bull : liles and Comment	
9. Birthplace (School (Towo, coouty, and state)	Due to my o cadial by pertrophy 40 yrs
10. Usual occupation. Le manufallemen.	Due to Hy pertensine Hourt Andre 40 yrs
11. Industry or business	
0 1/2 2 1	Other conditions
	(Include pregnacey within 8 mooths of death)
14. Maiden name Mars a Chinalette Daves 15. Birthplace Berlin, m.f.	
15. Birthplace Berlin m. 1	Major findings of operations.
2 10. Drimpace	Date of op.
16. Informant 1 Mars 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Autopsy results.
Address Beglew. In.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 Bearial 1/30145	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
17(Burish, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory Bucken ghave Com	Where did injury occur?
Gardin I Sal	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Franklin 7. Jeff	Means of injury Injured at work?
Address Sales bevey. Ma	Trideville & mole M. D
19. 1-90 1945 Relan F. Haysvand	23. SIGNATURE M. D. or other  Desless M. D. or other

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Date rec'd by registrar)

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-07

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Oate signed 130

CERTIFICAT	E OF DEATH Reg. Diat. No. 350
1. PLACE OF DEATH:  County City or town City or town limits, write PARAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Grayson Dewitt Ditto	3. (b) Social Security Number 213-01-7220
4. Sex (5. Color or race 6. (a) Single, married, widowed, or divorced ulite Single	MEDICAL CERTIFICATION  20. DATE OF DEATH
8. (c) Name of husband or wife	21. I CERTIFY that death accurred on the date above stated; that I atjended deceased from  19
9. Birthplace Jackson Barracks, La (Town, county, and state)  10. Usual occupation Lelpan in store  11. Industry or business	Due to.
12. Name Rev. John a. Ditto 13. Birthplace Vest Vinginia 14. Malden name Katherine Sherk 15. Birthplace Waryland	Other conditions (Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Per, John a. Ditto Address Pocomoke City, rnd.	Autopsy results
17 Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory. Aclas thereof Jaw. 31, 1945 (month) (day) (year)	22. VfOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director margarette Howatson  Address Pocomoke city, md.	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. STENATURE  M. D. or other
19. Jan 21 1945 Anne a Strele	1 /2 we 12 Wel 1/3 /

Registrar

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1)

### CERTIFICATE OF DEATH

()1()()2 Reg. Diat. No. 357

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infents give residence of mother)  State
3. (a) FULL NAME CHARLOTT ELIZABETH DOWNS	3. (b) Social Security Number
4. Set Female 5. Color or tace White 6.(a) Single. married, widowed, or divorced Married  Married  5. (b) Name of husband or wite Joseph Downs	MEDICAL CERTIFICATION  20. DATE DF DEATH
6.(b) Name of husband or wife	and the last saw learn alive on John 3 1 19 45  Immediate cause of death
8. AGE: Years   Months   Days   It less than one day	Dishetis Mellitas 4 yes.
9. Birthplace Maryland (Town, county, end state) Housewife  10. Usual occupation Housework  11. Industry or business Housework  12. Name James Butler	Due to
Md.   Sirthplace   Md.   Charlott Elizabeth Holland   Md.	(Include pregnency within 8 months of death)  Major findings of operations
16. Intermant	Actopsy results PHYSICIAN: Please underline the cause to which death shoold he charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

HAR 5 1945

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 170-CERTIFICATE OF DEATH

(11(1)3 Reg. Diat. No. 357

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war
Charles Fretton Owall	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced  Married  6.(b) Name of husband or wife.	MEDICAL CERTIFICATION  20. DATE DF DEATH
7. Birth date of	
7. Birth date of deceased (mo., day, yr.) why 30, 1919	and that I last saw halive on
8. AGE: Years Months Days If less than one day 25 5 26 hrs. min.  9. Birthplace Burling With as Lin Co. Mrd.  (Town, county, and state)	Immediate cause of death a DURATION  A truck  Due to Allston
10. Usual occupation	Due to
¥ 13. Birthplace Berlin md.	Diher conditions
14. Maiden name. A gree Tellen.	Major findings of operations
16. Informant on Calvai Ewell	Autopsy results
Address  17. Burtal, cremation, or removal, Which?)  Data thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide. accident, bate of au 26 4 J
Cemetery or crematory.	Where did injury occur? (City or town) (County) (Stato)
Location Service Anasile B. Niel.	Injured at home, farm, Industry, public place (where?)  Means of Injury Burned in Truck Injured at work?
Address Salis (mass not	John & Riem M. L. 62. (3.
18. /27/ 1945. Le Pay Servith (Date rec'd by registrar)  (Date rec'd by registrar)	23. SIGNATURE M. D. or other  Address Date signed Law 26' 44

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore



### 01004

	55	A.	0	~	,00	
 Dist.	No		3	2	5	

### CERTIFICATE OF DEATH

County (For newborn infants five residence of mother)	
City or town Whater County State County	
(If outside city or town Amits, write RURAL and give nearest town)	4
How long in above place of death?	
Street No.	
(If rural, give LOCATION)	
Now tong in hospital or institution? 2.(a) If veteran, name war.	
3. (a) FULL NAME . 3. (b) Social Security Number	
The second of th	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   MEDICAL CEPTIFICATION	_
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	0
Male white Married 20, DATE OF DEATH Jameary 27 1945 21 6:25	·M
for the state of t	
b.(0) Name of nusband of wife.	,
6.(c) It allow give age / / V years II	
deceased (mo day yr)	•••••
S ACF - Years   Months   Days   It less than one day   Immediate cause of death.   DUNATION	i
arcmana, Peno	
64 -   -  hrsmin.	
9. Birthplace Whalewardle The Due to Due to	
10. Usual occupation	******
11. Industry or business. D	
	*******
王 12. Name	0.00
[Include pregnancy within 8 months of death)	
14. Maiden name Claussa Jall (Include pregnancy within 8 months of death)	
Major findings of operations	******
E 15. Birthplace Date of op.	******
16. Informant homana Faille Joyles Autopsy results.	******
Address Whalusvelle M PHYStCIAN: Please underline the cause to which death should be charged statistically.	_
22. VIOLENCE: It death was due to external causes, filt in the following;	
17. Bale thereot (month) (day) (year)  Accident, suicide, or homicide.  Date of (month) (day) (year)	
Complexy or cromatory Whaleysville Com. Where did injury occur?	
Cemetery or crematory Whaleystelle Com. Where did injury occur? (City or town) (County) (State)	
Location Wheleus bull, had Injured at home, tarm, Industry, public place (where?)	,
Means of Injury Injured at work?	
18. Funeral director	
Address ocomoke City, Ind. Mark their M'A	
23. SIGNATURE M. D. or other	
(Date rec'd by registrar)  [Bate signed - 29"]	X



## PLEASE WRITE PLAINLY, WINH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 948 CERTIFICATE OF DEATH

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955

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give regidence of mother) State Mondon County Wassender
City or town. (If outside city or town lights, write BURAL and give nearest town)	State Monglong County Workerster
	City or town
How long in ebove place of death?	
	Street No. (If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
of the last of	5. (b) Social Security Number
January. All	
4. Sex 5. Color or face 6.(a) Single, married widowed, of divorced	MEDICAL CERTIFICATION
male White Single	20. DATE OF DEATH SAME IN 19 19 19 19 19
	21. I CERTIFY that death occurred on the date abova stated; that I attended deceased from
8.(6) Name of husband or wife	1914-1948 19 10 1-1 2-19485
7. Birth date of	and that I last saw h. And alive on f-18-45- 19
deceased (mo., day, yr.)	Immediate cause of doubth
8. AGE: Years Wonths Days Fess the one day	angua hettiras / hom
hrsmln.	
application mil.	
9. Sirthplace (Tywn, county, and state)	Due to
10. Usual occupation. Former.	***************************************
	Due to
11. Industry or business	
12. Name James Terres	Other conditions
13. Birthplace	(Include pregnancy within 8 months of death)
= 14. Malden name 6 llen Cours	
15. Birthplace m.d.	Major fieldings of operations.
The state of the s	Date of op.
16. Informant	Autopsy results
Address / Whalequelle me.	
17 Burial Date thereof Jase 20, 1945	
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	
Gemetery or crematory	Where did injury occur?
Location Whalespulle, ma	Injured at home, farm, Industry, public place (where?)
male al shata	Means of Injury tnjured at work?
18. Funeral director	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address Sellegrelle, Rus.	23. SIGNATURE STEAMER & Lune MAN
1. 1-20 1.45 Nelen F. Haywar	M. D. or other
(Date rec'd by registrar)	Address Milain Mal Bate signed 25-46

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VS A15



### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 93-0

01006

### CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Worces lev.	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Manglaced County Worcester
(If outside city or town limits, write RURAL and give nearest town)	City or town (3 erlin.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death of curred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Bert mc Cabe.	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a)Single, merried, widowed, or divorced	MEDICAL CERTIFICATION
male belief lander man	
- The Many so London	20. DATE OF DEATH. 18.45 8th 19.45 816:45 A.M.
8.6) Name of husband or wife. Mayelle mc Cale.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 1942 19 10 Jan 8 1845
7. Birth date of Second	
deceased (mo., day, yr.) Nec. 6, 1860	and that I last saw h. Ann. alive on Jan. 7 19.45
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
911 1	Chonic Mys cardites 10 yrs
8 7 /hrsmin.	V
8. Birthplace Por ana Delaware.	Due to Langralence lestorios chronis 2 0 3/10
(Town, county, and state)	
10. Usual occupation. Retried James.	***************************************
	Due to
11. Industry or business	
12. Name De Cale.	Other conditions
13. Birthplace Royana Del.	
	(Include pregnancy within 8 months of death)
14. Maiden name Elizabeth melwin- 15. Birthplace Royana Delangue	Major findings of operations.
\$ 15. Birthplace Cox and Delauters.	Date of op.
16. Informant Thes- Calvin Windrough.	
10, Informant	PHYSICIAN: Please nnderline the canse to which death should be charged statistically.
Address (Sellen Mi)	
17 Bural Date thereof 1/10)45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, exemation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Cox and Cercetery.	Where did injury occur?
P. 01	
Location Con and Bullivare	Injured at home, farm, Industry, public place (where?)
18. Funeral director translin (3, ) diel -	Means of Injury Injured at work?
0 1 . ) > 6	A11, 11 11 11.
Address Sales bury Ma	or appearance of Michael M. W.
1010 AS Mallow As However	23. SIGNATURE M. D. or other
(Data rec'd by registrar)	Berlin Med 1-9-40

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FEB 3 1945

TITLE VO

## WITH ENFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH CNF is especially important.

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01007

1. PLACE OF DEATH: Workerst	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give gesidence of mother)
City or town Man Survey States	State Mongland County Warcester
(If outside city or town limits, write KURAL and give nearest town)	City or town
Now long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
	Street No. Bay St.
Kow long in hospital or institution?	(If raral, give LOCATION)
1,110.	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number her
No me corris	Destroyed in fear weet
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m Wh. marring	20. DATE DE DEATH 2 0 19.45 at 1 0 1 M
6.(b) Name of husband or wife Cathleen Monris	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
	19 to 19
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) (CCL. 5, 1923	Immediate cause of death, DURATION
8. AGE: Years Months Days tf less than one day	Burns to dest in a truck
21 12 23hrsmin.	
9. Birthplace It halequelle, md	Due to Colleción
10. Usual occupation Toyle, county, and state)	
10. Usual occupation Struct United	Due to
11. Industry or business	
12. Name Shay J. Morada  13. Birthotace Selenselle, Del	Other conditions
13. Birthplace / Sellequelle, Dely	(Include pregnancy within 3 months of death)
E 14. Maideo name De Marsey Cowell	
15. Birthplace of Wholey belle, md.	Majur findings of operations
18, lotermant Johnson J. I morris	Antopsy results.
Address / Whalemalle . me.	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Augress J / rangement low.	-22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal Which!)  Date Ihereot (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or grematory 15 holesvelle Uniles	Where did injury occur? Mar Luow til workstore my (City or town) (Coanty) (State)
Location Whalespelle md.	Injured at home, farm, industry, public place (where?)
millallanten	Means of Injury Burus he truck Injured at work? My so
1B. Funeral director	012000
Address Sellequelle, All.	23. SIGNATURE Jay A. Miley Dip. Trus Eyam
10 120 Letoe Swith.	M. D. or other
(Date ree'd by registrar)	Address Date signed 1 2 6 /45

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### MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

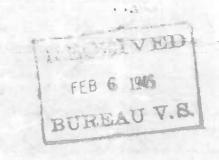
2411 N. Charles St., Baltimore 830

### CERTIFICATE OF DEATH

11008

or Dist No 35/

	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maylord County Ward No.  (If outside city or town limits, write RURAL NEAR and give town)  Street No.  (If rural give LOCATION)  2(a) IF YETERAN, NAME WAR
3. (a) FULL NAME Teharles. W Mund	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male  White Manual  6 (b) Name of husband or wife — Manual  ———————————————————————————————————	2D. DATE DF DEATH  21. I CERTUPY that death occurred on the date above stated; that I attended deceased from  19  and that I car saw h
16. Informant Thirons Musseford	Of operations Please underline the cause to which death should be charged statistically.
Address  17. Burel Garden  18. Funeral director  Address  Date thereof form 15 945  (month) (day) (year)  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide



PLEASE WRITE PLAINLY, I sepecially

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)



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Reg. Diat. No.

### CERTIFICATE OF DEATH

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()	million.	1		r	4	í

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate County  City or town (If outside city or town limits, write RURAL and give nearest towo)  Street No. (If rural, give LOCATION)  2.(a) It veteran, name war.
4. See   5. Color or race   63(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
8.(6) Name of husband or wife	20. DATE DF DEATH 20. 20. 19. 3 at M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Monins Days It less than one day 3 8 6 20	Immediate cause of death death  Burney for a bruck fire  Colls seven
9. Birthplace (Town, county, and state)  10. Usual occupation 11. Industry or business	Due to.
12. Name Sevry relson 13. Birthplace 14. Malden name Detty Jane Williams 15. Sirthplace Md.	Other conditions
16. tatormant Mr. Lloyd Barried  Address 5816 Vine St. Phile. P.	Autopsy results
17. (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Of O dela O	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director Marshair (3. Mil.)  Address Serlis Dury M.	Means of Injury Ruring in truckinjured at work? Is  23. SIGNATURE Solve L. Roy Deb. The Sexam  M. D. or other
19. (Date rec'd by registrar)  19. 45 FET Support Registrar	Address Dion Fill My Date signed 1/26/45

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FEB 6 1945

BUREAU V.S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

### 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, givo LOCATION) New long in hospital or institution: 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION 18/55 N /2 204M 21. I CEBHPY that death occurred on the date above stated: that Latended deceased from 7. Birth date of ...195----deceased (mo., day, yr.) DURATION 8. AGE: 10. Usual occupation. 11. Industry or business (Include pregnancy within 8 months of desth) PHYSICIAN: Please underline the cause to which death should be charged statistically. Date thereof Jaw. 26, 1945 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, aulcide, or homicide..... (month) (day) (yoar) (Buriai, cremation, or removal, Which?) Where did injury occur? ..... (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) ..... Means of Injury Injured at work? M. D. or other (Date rec'd by registrar) Date signed Registrar

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FEB 6 1945 BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore (3) CERTIFICATE OF DEATH

01011

1. PLACE OF DEATH: Work of the County.  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  2 4 6 7 9.  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State MORCESIER  County MORCESIER  City or town
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Henry Purnell	3. (b) Social Security Number
Male Colored Single Single	MEDICAL CERTIFICATION  20. DATE OF DEATH. JANUARY 16 19 45 , 10 P.
6.(b) Name of husband or wife	21. I CSRIFF that death occurred on the date above stated; that Taxiended deceased from
7. Birth date of deceased (mo., day, yr.)  April 2, 1866	and that I last saw h. Landlive on Jan 14
8. AGE: Years Months Days If less than one day 14	Immediate equise of death Duration Duration
9. Sirthplace. Beylin Worcestey, Md.  Toyn, county, and state)  10. Heyel occupation. Laborer	Due to Thy Berlewson
1D. Usual occupation	Due to Okrones Out 1 pph.
12. Name. Jacob Robbins  13. Birthplace Beylin, Md.	Dither conditions
14. Maiden name Zean Purnell 15. Birthplace Berlin Md	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant Wilmer Purnell Address BERLIN, MD	Antopsy results
17 Burial Burial Which? Date thereof (Month) (day) (year)	22. V10LENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory St. Pauls Cemetery	Where did injury occur?
Location DERLIN, JY) D.	Injured et home, farm, Industry, public place (where?)
16. Funeral director, Granelin 3. Dell -	Means of Injury Injured at work?
Address Salis bury, my	Olefford E. Ochott.
19. 1-20- (Date rec'd by registrar)  19. 1-20- (Date rec'd by registrar)  19. Registrar	23. SIGNATURE  M. D. or other  Address Date eigned

FEB 3 1945
RUREAU V.B.

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Address

(Date rec'd by registrar)

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2370

Reg. Dist. No.

## CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: Worde her (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: Street No ... (If rural, give LOCATION) How long in hospital or institution?. 3. (b) Social Security Number 3. (a) FULL NAME 4. Sex MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from 6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years 18. Usual occupation 11. Industry or business (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, till in the tollowing: Date thereof (month) (day) (year) Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) Where did lojury occur? ..... (State) (City or town) (County) Injured at home, farm, industry, public place (where?) ..... Injured at work? Means of Injury

23. SIGNATUA



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



01013

## CERTIFICATE OF DEATH

er Diet No. 350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of muther)	1
(If outside city or town limits, write RURAL and give nearest town)	State Market County Water	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give no	200
How long in abovo place of death?	(If outside city or town limits, write RURAL and give no	arest town)
	Street No	* *** * **** * *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** ***
Now long in hospital or institution?	2.(a) It veteran, name war	1 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 +
3. (a) FULL NAME Brace Prodbell	3. (b) Social Security	Number
4. Sez 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	A. M.
Temple white married	Tamasana 3.24%	
010 01100	20. DATE OF DEATH. January 13th, 19.45	
B.(b) Namo of husband or wife Chrokeny Calbell	21. I CERTIFY that death occurred on the dato above stated; that I attended dec	
B.(c) If alive, give age 13 years	January 10th 19 45 10 1/13th	10.4.5
7. Birth date of	and that I last saw h. C. T. alive on January 13th.	19.45
Becesse (mo, day) yry	Immediate cause of death	DURATION
8. AGE: Years Months Days It less than one day	Exhaustion	7 10000
/3 min.		7
Poland	Duo to Cerebral hemorrhage,	3 Days.
9. Birthplace(Town, county, and state)	Duo 10.	
1D. Usual occupation	Due to Hypertension- arterio scle	
	sis and Myocarditis.	
1t. Industry or business	SIS and myocardicis.	Years.
E 12. Name January Thurch	Dither conditions	***************************************
13. Birthplace	(Include pregnancy within 3 months of death)	
14. Malden name. Under Name. 15. Birthplace	(Include pregnancy within 8 months of death)	
	Major findings of operations	
Σ   15. Birthplace		
18. Informan Journa J. Joanely	Actopsy results	
Address Pocomobe atom	PHYSICIAN: Please underline the cause to which death should he charged	statistically.
D - 1 D O LILL agent	22. VIOLENCE: If death was due to external causes, till in the following;	
(Burial, cremation, or removal, Which?)  Date thoreof (month) (day) (year)	Accident, suicide, or homicide Date of	
Gemotery or cromatory	Where did injury occur?	
Location Julade Johna a	Injured at homo, farm, Industry, public place (where?)	
May months III aline	Means of Injury Injured at work?	
18. Funeral director	17 / //	
Address Accorracke City my	23 SIGNATURE UL Lee Back	
12 15	23. 310 M. D.	or other
19. Make roa'd by rogistray	the volomobelity mix	V13/45

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1)1(114 Reg. Dist. No. 350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Was County	(For newborn infants give residence of mother)
(If outside city or town limits, write RUR L and give nearest town)	State III Willy & County W. County W. County
How long In above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Digie Alley
713 Short Street	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Calvin Lavage	3. (b) Social Security Number
Mak 5. Color or race S.(a) Single, married, widowed, or divorced Wildowsk	MEDICAL CERTIFICATION  20. DATE OF DEATH AMAGE AND ASSESSED 19 45 at 6 A M.
6.(b) Name of husband or wife Clara Morthan Savage	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of South and South and South alive, give age	and then lest saw h Annallive on Jam 9, 119 45 19
deceased (mo., day, yr.)  8. AGE: Years   Mooths   Days   If less than one day	Immediate dance of death DURATION
about 70nrsmin.	Lobas Julimona Juk.
8. Birthpiece Mappsville Viginia (Town, cognty, productate)	Due to
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Edmond Savage 13. Birthplace, Accomack County VE	Other conditions Olec Culture
Mary Harmon	(Include pregnancy within 8 months of death)
14. Maiden name Mary Harmon  15. Birthplace Accomack County 13	Major fiudings of operations.
Be to	Date of op
18. Informant Dealine Conf	Autopsy results
Address 7/3 short st. Pocomoka, Md.	
17. Burial (Burial, cremation, or removal, Which?)  Bate thereof (month) flay) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;
	Accident, sulcide, or homicide
Cemetery or econotry of Tlanke M. E.	Where did to Jury occur?
Location ATlantic Virgenia	Injured et home, farm, Industry, public place (where?)
18. Funeral director Le Edgar Thomas	Means of Injury Injury at work?
Address Accomac Virginia	11 of y m. nul
Auuress JTEEOM ac JOGACO	23. SIGNATURE DOS LO Ja // as, -
19. Jake rec'd by registrar) Registrar	Address Jacobiel Date signed MA 12, 45

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FEB 6 1945
BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

# CERTIFICATE OF DEATH

01015 Reg. Dist. No. 350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Workster	State manyland Coonty wante
(If outside city or town limits, write RURAL and give nearest town)	0 0:+
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
Now long to hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mystle 9. Scott	214-12-5394
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale white married	20, DATE DF DEATH January 27th, 10 45 at 5 OOP M
8.(6) Name of husband or wife. Frank & ctt	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Raille VI RUSDAIN OF WILL-COMMISSION OF THE PROPERTY OF	January 10th, 1945 to 1/27/45.
7. Birth date of	and that I last saw her allvo on January 15th, 1945
deceased (mo., day, yr.) warch 29, 1880	Immediate cause of death Collapse of heart Suddelly.
8. AGE: Yours Months Days If less than one day	Jaguenty.
64 7 28min.	
9. Birthplace & ckhart, alleghour, rid.	Due to Chronic myocarditis, Years
(Town, county, annistate)	
10. Usual occupation	Due to Hypertention, Years
11. Industry or business	
12. Name Joseph B. Garrit  13. Birtholace Vivainia	Other conditions Not any known.
	(Include pregnancy within 3 months of death)
# 14. Maiden name hancy & Canderson	
14. Maiden name Naucy & landerson.  St. 15. Birthplace Each Sat. md.	Major fiadiags of operations.
7 . 50 D + 2 . H	Autopsy results Not any
16, Informant NAV	PHYSICIAN: Please woderline the cause to which death should be charged statistically.
Address Jocomoke City, Mid.	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Salew M. E.	Where did injury occur?
Cemelery of crematory	
Location Comments	Injured at home, farm, industry, public place (where?)
18. Funeral director Wargarette H Walson	Moans of Injury Injured at work?
Address Pocomoke City, nd.	Meekall
0. 30 1/- 10 5 7/1/+	23. SIGNATURE M. D. or other
19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address / Olmikelily Us Date signed / 30/45

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## MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 230

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	- 9	- 15	9	1	- 3	1 1
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CERTIFICATE OF DEATH

Reg. Dist. No. 35/

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give feeldence of mother)
County II Williams	State Manual County Wellestry
City or towa	D. 111
How long in above place of death?	City or lown (tf putside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	Sireei No.
9. to 1. to 1.1. to 1.	(If rural, give LOCATION)
Row long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Sallie Whales	3. (b) Social Security Number
4, Sex 5, Color or race 6.(a) Single, married, whowed, or divorced	MEDICAL CERTIFICATION
nemall welding //rabile	20. DATE OF DEATH LANGUAGE 15 19 43 , et 1 1 1
6.(b) Name of husband or wife AMAISIS ASTRONOMY	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8.(c) If alive, give ageyears	19 7 9 10 7 9 10 7 9
7. Birth date of deceased (mo., day, yw.) Amuran 5 - 1875	and thai I last saw h alive on 19 40
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
/	0
8. Birihplace of Mallon (Town, county, and state)	Due to De goer tenkson
10. Usual occupation And Old Melder of	
11, industry or business 00 ownstand	Due to.
12. Name Alaberge M. Amago	Other conditions
₹ 13. Birthplace // algland	(tnelude pregnancy within 3 months of death)
# 14. Malden name. Institutely	
E 15. 9irthplace	Major findings of operations.
16. informani Ma Ridgistar Milley	Autopsy results
Address Mulaubo and A Runol #1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Byrlai, eremation, or removal. Which?)  Daie theraof. (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Lilling Charles	Where did injury occur?
Location Addition Ind	Injured at home, farm, industry, public place (where?)
1 - Maria Da - M	Means of Injury Injured at work?
Address Show The Mile Mile	OF De Rett M.D.
110 15 8010 11	23. SIGNATURE M. D. or other
19. (Date rec'd bylegistrar)  (Date rec'd bylegistrar)	Address Newart Milater 1-16-45

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-0

# CERTIFICATE OF DEATH

	Keg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
Cily or town	State County County
7~ 8/2 - 4 - 4	City or town Classes Comments
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
William & W	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colord Married	20. DATE OF DEATH. 2019 45 at 2 PM
6.(b) Name of husband or wife	21. I CERTIEY that death occupied on the date above stated; that I altended deceased from
	TES 1845
7. Birth date of deceased (mo., day, yr.) Vecenture, 12-1872	and that I last saw handle on 19 22
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
72 1 18 hrs. min.	Juyseows agreement
9. Birthplace (Town, county, and state)	Due to
10, Usual occupation.	
11, Industry or business	Due to
12. Name Volume	Other conditions
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Maiden name	(Include pregnancy within 3 months of death)  Major fludings of operations.
E 15. Birthplace	Major Eddings of operations.
Eduna Dishit	
16, Informant	Autopsy results
Address Took Myeer Vergissea	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remova) Which?)  Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremators St. Quanta Canalang	Where did injury occur?
Location Persal Possonosh mid	Injured at home, farm, Industry, public place (where?)
16. Funeral director margaretta N. Water	Means of Injury Injured at work?
Address Porband (2xt ) and	000-66
no la	23. SIGNATURE
19 Jet 2, 1945 anne Co Shele	M, D, or other
(Date rec'd by registrar) Registrar	Address Date signed T. T.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57-6

# CERTIFICATE OF DEATH

010	18
Dist No.	350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Pocouche City	State maryland County warester
(If outside city or town limits, write RUKAL and give nearest town)	OP As cit
How long In above place of death? 20 yrs	(If outside city or town limits, write RURAL and give noarest town)
Hospital, institution, or street address where delath occurred:	Street No. 4 the St. ((francische LOCATION)
	(I
How long in hospital or institution?	2.(a) If veteran, name war world was T
3. (a) FULL NAME	3. (b) Social Security Number
Franklin Vierce Wilkerson	1224-07-0181
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATHS A 2nd 1545 all 3
hono lilia kanan	21. I CERTIFY that doubt occurred on the date above stated; that I attended deceased from
8.(6) Name of husband or wife	
7. Birth date of	and that I last saw h Lagalive on L
deceased (mo., day, yr.) June 26, 1885	Immediate cause of deaty.
8. AGE: Years Months Days If less than one day	Greines 3days
59 6 6hrsmin.	
9. Birthplace Saulord accomac Va	Due to Carlega grand
(Town, county, and state)	prostate 24/2
10. Usual occupation Barber	Due to
11. Industry or business	
12. Name Samuel Wilkerson  13. Birthplace Va	Dther conditions
# 14 Maiden name Harriett Linton	(Include pregnancy within 8 months of death)
14. Maiden name Harriett Linton  15. Birthplace Va	Major findings of operations.
	Antony results
18. Informant Mrs. nona Wickerson	Antopsy results
Address Cocomoke uly, md.	
17. Burial Date thereof Daw. 4, 1945	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which:) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Frederican Consistery	Where did injury occur?
Location Sanford, Va	Injured at home, farm, industry, public place (where?)
18. Funeral director mana arette H. wateou	Means of Injury injured at work?
A:0 M	-112 / to - 111
Address O ocomobie tity, mil.	23. SIGNATURE 11. C. Asloneus 11. C.
19. And 4 19 45 Onne Co Mile (Oofo rec'd by registrar) Registrar	Topics of the MA M. D. or other /
(Dofo rec'd by registrar) Registrar	Address Date signed 5

